Code	Short Description	Age Range	Rate	Effective Date**
D0120	Periodic Oral Evaluation		\$14.89	
D0140	Limit Oral Eval Problm Focus		\$14.89	
D0145	Oral Evaluation, Pt < 3yrs		\$14.89	
D0150	Comprehensve Oral Evaluation	0 to 19 years	\$18.90	
D0150	Comprehensve Oral Evaluation	19 to 124 years	\$14.89	
D0190	Screening Of A Patient		\$14.89	
D0191	Assessment Of A Patient		\$14.89	
D0210	Intraor Complete Film Series	0 to 19 years	\$40.95	
D0210	Intraor Complete Film Series	19 to 124 years	\$25.62	
D0220	Intraoral Periapical First		\$3.63	
D0230	Intraoral Periapical Ea Add		\$3.15	
D0240	Intraoral Occlusal Film		\$3.63	
D0270	Dental Bitewing Single Image	0 to 19 years	\$10.29	
D0270	Dental Bitewing Single Image	19 to 124 years	\$6.93	
D0272	Dental Bitewings Two Images	0 to 19 years	\$12.60	
D0272	Dental Bitewings Two Images	19 to 124 years	\$9.35	
D0273	Bitewings - Three Images	0 to 19 years	\$15.12	
D0273	Bitewings - Three Images	19 to 124 years	\$11.69	
D0274	Bitewings Four Images	0 to 19 years	\$17.64	
D0274	Bitewings Four Images	19 to 124 years	\$14.02	
D0330	Panoramic Image		\$17.56	
D0340*	2d Cephalometric Image		\$28.39	
D1110	Dental Prophylaxis Adult	0 to 19 years	\$27.72	
D1110	Dental Prophylaxis Adult	19 to 124 years	\$22.10	
D1120	Dental Prophylaxis Child		\$19.53	
D1206	Topical Fluoride Varnish	0 to 3 years	\$9.00	
D1206	Topical Fluoride Varnish	3 to 16 years	\$13.23	
D1208	Topical App Fluorid Ex Vrnsh		\$13.23	
D1351	Dental Sealant Per Tooth		\$15.12	
D1352	Prev Resin Rest, Perm Tooth		\$15.12	
D1510	Space Maintainer Fxd Unilat		\$110.25	
D1515	Fixed Bilat Space Maintainer		\$173.25	
D1550	Recement Space Maintainer		\$21.42	
D1555	Remove Fix Space Maintainer		\$21.42	
D2140	Amalgam One Surface Permanen	0 to 19 years	\$38.22	
D2140	Amalgam One Surface Permanen	19 to 124 years	\$15.59	
D2150	Amalgam Two Surfaces Permane	0 to 19 years	\$48.41	
D2150	Amalgam Two Surfaces Permane	19 to 124 years	\$31.21	
D2160	Amalgam Three Surfaces Perma	0 to 19 years	\$60.12	
D2160	Amalgam Three Surfaces Perma	19 to 124 years	\$41.22	
D2161	Amalgam 4 Or > Surfaces Perm	0 to 19 years	\$69.93	
D2161	Amalgam 4 Or > Surfaces Perm	19 to 124 years	\$48.45	
D2330	Resin One Surface-Anterior	0 to 19 years	\$46.94	
D2330	Resin One Surface-Anterior	19 to 124 years	\$25.62	

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

Code	Short Description	Age Range	Rate	Effective Date**
D2331	Resin Two Surfaces-Anterior	0 to 19 years	\$60.48	
D2331	Resin Two Surfaces-Anterior	19 to 124 years	\$36.77	
D2332	Resin Three Surfaces-Anterio	0 to 19 years	\$74.13	
D2332	Resin Three Surfaces-Anterio	19 to 124 years	\$49.02	
D2335	Resin 4/> Surf Or W Incis An	0 to 19 years	\$98.28	
D2335	Resin 4/> Surf Or W Incis An	19 to 124 years	\$59.05	
D2390	Ant Resin-Based Cmpst Crown	0 to 19 years	\$154.75	
D2390	Ant Resin-Based Cmpst Crown	19 to 124 years	\$131.25	
D2391	Post 1 Srfc Resinbased Cmpst	0 to 19 years	\$38.23	
D2391	Post 1 Srfc Resinbased Cmpst	19 to 124 years	\$15.59	
D2392	Post 2 Srfc Resinbased Cmpst	0 to 19 years	\$48.41	
D2392	Post 2 Srfc Resinbased Cmpst	19 to 124 years	\$31.21	
D2393	Post 3 Srfc Resinbased Cmpst	0 to 19 years	\$60.12	
D2393	Post 3 Srfc Resinbased Cmpst	19 to 124 years	\$41.22	
D2394	Post >=4srfc Resinbase Cmpst	0 to 19 years	\$66.52	
D2394	Post >=4srfc Resinbase Cmpst	19 to 124 years	\$48.45	
D2710	Crown Resin-Based Indirect	0 to 19 years	\$232.05	
D2710	Crown Resin-Based Indirect	19 to 124 years	\$175.49	
D2712	Crown 3/4 Resin-Based Compos	0 to 19 years	\$232.05	
D2712	Crown 3/4 Resin-Based Compos	19 to 124 years	\$175.49	
D2740*	Crown Porcelain/Ceramic Subs		\$432.92	
D2750*	Crown Porcelain W/ H Noble M		\$411.60	
D2751*	Crown Porcelain Fused Base M		\$393.23	
D2752*	Crown Porcelain W/ Noble Met		\$404.25	
D2790*	Crown Full Cast High Noble M		\$404.25	
D2791*	Crown Full Cast Base Metal		\$363.83	
D2792*	Crown Full Cast Noble Metal		\$367.50	
D2794*	Crown-Titanium		\$367.50	
D2799*	Provisional Crown		\$232.05	
D2910	Recement Inlay Onlay Or Part		\$11.69	
D2915	Recement Cast Or Prefab Post		\$11.69	
D2920	Re-Cement Or Re-Bond Crown		\$11.69	
D2930	Prefab Stnlss Steel Crwn Pri	0 to 19 years	\$84.00	
D2930	Prefab Stnlss Steel Crwn Pri	19 to 124 years	\$46.80	
D2931	Prefab Stnlss Steel Crown Pe		\$85.62	
D2933	Prefab Stainless Steel Crown	0 to 19 years	\$90.83	
D2933	Prefab Stainless Steel Crown	19 to 124 years	\$58.49	
D2934	Prefab Steel Crown Primary		\$90.83	
D2940	Protective Restoration		\$11.69	
D2950	Core Build-Up Incl Any Pins		\$116.13	
D2951	Tooth Pin Retention		\$22.79	
D2952	Post And Core Cast + Crown		\$155.82	
D2954	Prefab Post/Core + Crown		\$150.68	
D2999	Dental Unspec Restorative Pr		M	

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

Code	Short Description	Age Range	Rate	Effective Date**
D3110	Pulp Cap Direct	0 to 19 years	\$18.38	
D3110	Pulp Cap Direct	19 to 124 years	\$12.82	
D3220	Therapeutic Pulpotomy		\$66.15	
D3221	Gross Pulpal Debridement		\$66.15	
D3222	Part Pulp For Apexogenesis	0 to 19 years	\$66.15	
D3222	Part Pulp For Apexogenesis	19 to 124 years	\$35.10	
D3230	Pulpal Therapy Anterior Prim		\$102.77	
D3240	Pulpal Therapy Posterior Pri		\$102.77	
D3310	End Thxpy, Anterior Tooth	0 to 19 years	\$239.40	
D3310	End Thxpy, Anterior Tooth	19 to 124 years	\$134.54	
D3320	End Thxpy, Bicuspid Tooth	0 to 19 years	\$283.50	
D3320	End Thxpy, Bicuspid Tooth	19 to 124 years	\$157.93	
D3330	End Thxpy, Molar	0 to 19 years	\$378.00	
D3330	End Thxpy, Molar	19 to 124 years	\$204.73	
D3346	Retreat Root Canal Anterior	0 to 19 years	\$246.58	
D3346	Retreat Root Canal Anterior	19 to 21 years	\$138.57	
D3347	Retreat Root Canal Bicuspid	0 to 19 years	\$292.00	
D3347	Retreat Root Canal Bicuspid	19 to 21 years	\$162.66	
D3348	Retreat Root Canal Molar	0 to 19 years	\$389.34	
D3348	Retreat Root Canal Molar	19 to 21 years	\$210.87	
D3351	Apexification/Recalc Initial		\$63.21	
D3352	Apexification/Recalc Interim		\$63.21	
D3353	Apexification/Recalc Final		\$404.25	
D3410	Apicoectomy - Anterior	0 to 19 years	\$312.90	
D3410	Apicoectomy - Anterior	19 to 124 years	\$81.89	
D3421	Root Surgery Bicuspid		\$349.13	
D3425	Root Surgery Molar		\$374.85	
D3426	Root Surgery Ea Add Root		\$374.85	
D3430	Retrograde Filling		\$73.50	
D3999	Endodontic Procedure		M	
D4355	Full Mouth Debridement		\$43.26	
D5110	Dentures Complete Maxillary		\$341.25	
D5120	Dentures Complete Mandible		\$341.25	
D5130	Dentures Immediat Maxillary		\$341.25	
D5140	Dentures Immediat Mandible		\$341.25	
D5211	Dentures Maxill Part Resin		\$157.93	
D5212	Dentures Mand Part Resin		\$157.93	
D5213	Dentures Maxill Part Metal		\$380.22	
D5214	Dentures Mandibl Part Metal		\$380.22	
D5225	Maxillary Part Denture Flex		\$157.93	
D5226	Mandibular Part Denture Flex		\$157.93	
D5410	Dentures Adjust Cmplt Maxil		\$36.75	
D5411	Dentures Adjust Cmplt Mand		\$36.75	
D5421	Dentures Adjust Part Maxill		\$36.75	

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

Code	Short Description	Age Range	Rate	Effective Date**
D5422	Dentures Adjust Part Mandbl		\$36.75	
D5510	Dentur Repr Broken Compl Bas		\$66.15	
D5520	Replace Denture Teeth Complt		\$70.35	
D5610	Dentures Repair Resin Base		\$66.15	
D5620	Rep Part Denture Cast Frame		\$70.35	
D5630	Rep Partial Denture Clasp		\$89.24	
D5640	Replace Part Denture Teeth		\$63.00	
D5650	Add Tooth To Partial Denture		\$70.35	
D5660	Add Clasp To Partial Denture		\$99.75	
D5710	Dentures Rebase Cmplt Maxil		\$146.24	
D5711	Dentures Rebase Cmplt Mand		\$146.24	
D5720	Dentures Rebase Part Maxill		\$87.74	
D5721	Dentures Rebase Part Mandbl		\$87.74	
D5730	Denture Reln Cmplt Maxil Ch		\$66.15	
D5731	Denture Reln Cmplt Mand Chr		\$66.15	
D5740	Denture Reln Part Maxil Chr		\$66.15	
D5741	Denture Reln Part Mand Chr		\$66.15	
D5750	Denture Reln Cmplt Max Lab		\$105.85	
D5751	Denture Reln Cmplt Mand Lab		\$105.85	
D5760	Denture Reln Part Maxil Lab		\$116.99	
D5761	Denture Reln Part Mand Lab		\$116.99	
D5810	Denture Interm Cmplt Maxill		\$146.24	
D5811	Denture Interm Cmplt Mandbl		\$146.24	
D5820	Denture Interm Part Maxill		\$105.28	
D5821	Denture Interm Part Mandbl		\$105.28	
D5899	Removable Prosthodontic Proc		М	
D5982*	Surgical Stent		\$627.00	
D5988*	Surgical Splint		\$627.00	
D6010*	Odontics Endosteal Implant		\$1,468.00	
D6055*	Implant Connecting Bar		\$1,949.00	
D6056*	Prefabricated Abutment		\$300.00	
D6057*	Custom Abutment		\$300.00	
D6058*	Abutment Supported Crown		\$675.00	
D6059*	Abutment Supported Mtl Crown		\$675.00	
D6062*	Abutment Supported Mtl Crown		\$675.00	
D6065*	Implant Supported Crown		\$975.00	
D6066*	Implant Supported Mtl Crown		\$975.00	
D6067*	Implant Supported Mtl Crown		\$975.00	
D6068*	Abutment Supported Retainer		\$675.00	
D6069*	Abutment Supported Retainer		\$675.00	
D6072*	Abutment Supported Retainer		\$675.00	
D6075*	Implant Supported Retainer		\$975.00	
D6076*	Implant Supported Retainer		\$975.00	
D6077*	Implant Supported Retainer		\$975.00	

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

Code	Short Description	Age Range	Rate	Effective Date**
D6080*	Implant Maintenance		\$112.00	
D6090*	Repair Implant		M	
D6091*	Repl Semi/Precision Attach		М	
D6092*	Recement Supp Crown		\$65.00	
D6093*	Recement Supp Part Denture		\$70.00	
D6094*	Abut Support Crown Titanium		M	
D6095*	Odontics Repr Abutment		М	
D6100*	Removal Of Implant		М	
D6110*	Implnt/Abut Remov Dent Max		\$1,719.00	
D6111*	Implnt/Abut Remov Dent Mand		\$1,719.00	
D6112*	Imp/Abut Rem Dent Part Max		\$1,719.00	
D6113*	Imp/Abut Rem Dent Part Mand		\$1,719.00	
D6114*	Implnt/Abut Fixed Dent Max		\$2,919.00	
D6115*	Implnt/Abut Fixed Dent Mand		\$2,919.00	
D6116*	Imp/Abut Fixed Dent Part Max		\$2,919.00	
D6117*	Imp/Abut Fixed Dent Part Man		\$2,919.00	
D6194*	Abut Support Retainer Titani		\$675.00	
D6199*	Implant Procedure		M	
D6205*	Pontic-Indirect Resin Based		\$232.05	
D6210*	Prosthodont High Noble Metal		\$396.90	
D6211*	Bridge Base Metal Cast		\$382.20	
D6212*	Bridge Noble Metal Cast		\$389.55	
D6214*	Pontic Titanium		\$422.63	
D6240*	Bridge Porcelain High Noble		\$422.63	
D6241*	Bridge Porcelain Base Metal		\$374.85	
D6242*	Bridge Porcelain Nobel Metal		\$393.23	
D6245*	Bridge Porcelain/Ceramic		\$417.90	
D6253*	Provisional Pontic		\$232.05	
D6710*	Crown-Indirect Resin Based		\$232.05	
D6740*	Crown Porcelain/Ceramic		\$417.90	
D6750*	Crown Porcelain High Noble		\$422.63	
D6751*	Crown Porcelain Base Metal		\$374.85	
D6752*	Crown Porcelain Noble Metal		\$393.23	
D6790*	Crown Full High Noble Metal		\$396.90	
D6791*	Crown Full Base Metal Cast		\$382.20	
D6792*	Crown Full Noble Metal Cast		\$385.88	
D6793*	Provisional Retainer Crown		\$232.05	
D6794*	Crown Titanium		\$422.63	
D6930	Recement/Bond Part Denture		\$28.61	
D6980*	Fixed Partial Repair		М	
D7111	Extraction Coronal Remnants		\$23.39	
D7140	Extraction Erupted Tooth/Exr	0 to 19 years	\$44.47	
D7140	Extraction Erupted Tooth/Exr	19 to 124 years	\$25.62	
D7210	Rem Imp Tooth W Mucoper Flp	0 to 19 years	\$99.23	

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

Code	Short Description	Age Range	Rate	Effective Date**
D7210	Rem Imp Tooth W Mucoper Flp	19 to 124 years	\$33.43	
D7220	Impact Tooth Remov Soft Tiss	0 to 19 years	\$117.60	
D7220	Impact Tooth Remov Soft Tiss	19 to 124 years	\$52.65	
D7230	Impact Tooth Remov Part Bony	0 to 19 years	\$158.03	
D7230	Impact Tooth Remov Part Bony	19 to 124 years	\$87.74	
D7240	Impact Tooth Remov Comp Bony	0 to 19 years	\$190.37	
D7240	Impact Tooth Remov Comp Bony	19 to 124 years	\$116.99	
D7250	Tooth Root Removal	0 to 19 years	\$43.37	
D7250	Tooth Root Removal	19 to 124 years	\$23.39	
D7260	Oral Antral Fistula Closure		\$257.25	
D7261	Primary Closure Sinus Perf		\$171.50	
D7270	Tooth Reimplantation		\$147.00	
D7280*	Exposure Impact Tooth Orthod		\$176.40	
D7282*	Mobilize Erupted/Malpos Toot		\$120.40	
D7283*	Place Device Impacted Tooth		\$120.40	
D7310	Alveoplasty W/ Extraction		\$99.23	
D7320	Alveoplasty W/O Extraction		\$124.95	
D7471	Rem Exostosis Any Site		\$87.74	
D7472	Removal Of Torus Palatinus		\$113.58	
D7473	Remove Torus Mandibularis		\$113.58	
D7485	Surg Reduct Osseoustuberosit		\$113.58	
D7510	I&D Absc Intraoral Soft Tiss		\$9.46	
D7970	Excision Hyperplastic Tissue		\$113.58	
D7971	Excision Pericoronal Gingiva		\$55.13	
D7972	Surg Redct Fibrous Tuberosit		\$87.74	
D7999	Oral Surgery Procedure		M	
D8050*	Intercep Dental Tx Primary		\$1,260.00	
D8060*	Intercep Dental Tx Transitn		\$1,470.00	
D8070*	Compre Dental Tx Transition		\$1,460.00	
D8080*	Compre Dental Tx Adolescent		\$1,775.00	
D8090*	Compre Dental Tx Adult		\$1,880.00	
D8660*	Preorthodontic Tx Visit		\$107.09	
D8670*	Periodic Orthodontc Tx Visit		\$600.00	
D8692*	Replacement Retainer		\$78.75	
D8999*	Orthodontic Procedure		M	
D9110	Tx Dental Pain Minor Proc		\$13.92	
D9223	General Anesthesia Each 15m		\$40.56	
D9243	Iv Sedation Each 15m		\$40.56	
D9248	Sedation (Non-Iv)		\$40.56	
D9310	Dental Consultation		\$29.24	
D9420	Hospital/Asc Call		\$150.00	
D9930	Treatment Of Complications		\$17.56	
D9940*	Dental Occlusal Guard		\$229.00	
D9999	Adjunctive Procedure		M	

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

Code	Short Description	Age Range	Rate	Effective Date**
Code	Onort Description	Age Range	Nate	Lileotive Date

*Covered benefit for CSHCS only: D0340, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794, D2799, D5982, D5988, D6010, D6055, D6056, D6057, D6058, D6059, D6062, D6065, D6066, D6067, D6068, D6069, D6072, D6075, D6076, D6077, D6080, D6090, D6091, D6092, D6093, D6094, D6095, D6100, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6194, D6199, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6253, D6710, D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6793, D6794, D6980, D7280, D7282, D7283, D8050, D8060, D8070, D8080, D8090, D8660, D8670, D8692, D8999, D9940

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.